Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1.	Agency Name		Date Stamp	California 802				
	Division, Department, or Regi	ion (if applicable)		For Official Use Only				
	Designated Agency Contact (Name, Title)						
	Area Code/Phone Number	E-mail				Amendment (Must I	Provide Explanation in Part 3.)	
	Area Goden Hone Number	L-man				Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes	No F	ace Value of	Each Ticket/Pass \$ _		
	Event Description:			C)ate(s)	//_		
	Ticket(s)/Pass(es) provided	by agency?	Yes	No If	no:	Name of Source		
	Was ticket distribution made of agency official?	e at the behest	Yes	No If	yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depa	· ·	unit. • l	Jse Section B to id Number of Ticket(s)/			ify an outside organization. rsuant to the agency's policy	
				Number				
	-	Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the following:		
					nonial Role Other king "Ceremonial Role" or "Other" de	Income escribe below:		
						nonial Role Other king "Ceremonial Role" or "Other" de	Income escribe below:	
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
_	Verification							
7.	I have read and understand FP with the requirements.	PPC Regulations	18944.	.1 and 18942.	l have verified	that the distribution set t	forth above, is in accordance	
	Signature of Agency Head or Design	nee	Pr	int Name		Title	(month, day, year)	
	Comment:							